
Practice Perspectives

Who Should Be Served? A Dilemma in the Field of Blindness and Visual Impairment

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As much as the field of visual impairment has advanced over the last half century and as growing populations of children and adults continue to be served by its practitioners, the issue of personnel shortages to meet the diverse needs of students and consumers seems to continue. More vision professionals are being trained than ever, but it seems that there is still a challenge in meeting the needs of all the individuals who are eligible for services. One of the reports in this issue's practice section brings up a dilemma about populations with different types of visual impairment who are not traditionally thought of as individuals who would benefit from the services of education and rehabilitation professionals in the field of visual impairment. The question arises as to whether "blindness services" should be expanded to populations of children and adults who have traditionally not been served.

This issue is not a new one. It reminds me of the time in the history of the field of visual impairment when orientation and mobility (O&M) specialists struggled with whether they should also be serving individuals with disabilities who are not visually impaired when they were not able to meet the needs of people who are visually impaired, due to personnel shortages. There were many discussions held several decades ago and position papers written more recently on travel instruction and whether it was the role of O&M specialists to also be serving children and adults with disabilities who are not visually impaired (O&M Division, 2013).

This issue to do with job roles and services has more recently expanded to the gray area

of whether teachers of students with visual impairments and O&M specialists should be serving individuals with oculomotor eye diagnoses such as convergence insufficiency—that is, those who seem to have good visual acuity and no field loss and who are not typically diagnosed as having cortical or cerebral visual impairment (CVI). The question is, Would these persons be more effectively served by medical personnel providing "vision therapy" or professionals who are knowledgeable in the area of learning disabilities or other learning challenges? There has been an ongoing dialogue for many years in the field of visual impairment regarding the distinction between "vision therapy" provided by optometric vision therapists for students struggling to read and learn due to oculomotor control issues (for example, eye teaming, fixation, visual perception, visual-motor integration, and the like) and visual-efficiency training provided by specialists in visual impairment. There appears to be some overlap of the training techniques for sometimes different vision problems. A recent position paper from the Low Vision Rehabilitation Division of the Association for Education and Rehabilitation of the Blind and Visually Impaired (Lawson, Lueck, Moon, & Topor, 2017) took a stand that vision therapy is not in the scope of practice for teachers of students with visual impairments who are providing educational, not medical, services to students whose visual impairment adversely affects their educational performance, as defined under Part B of the Individuals with Disabilities Education Act (IDEA) in accordance with 34 CFR §300.8(c)(13). According to Lawson, Lueck, Moon, and Topor, "vision therapy is a medical prescription implemented by a medical practitioner under the direction of an optometrist or ophthalmologist, and is not part of an educational program" (2017, p. 4).

Most recently, in May 2017, the U.S. Department of Education, Office of Special Education Programs (OSEP) sent out a memo to

state directors of special education regarding the eligibility determination for children with visual impairments. According to OSEP, “any impairment in vision, regardless of significance or severity, must be included in a State’s definition, provided that such impairment, even with correction, adversely affects a child’s educational performance.” OSEP indicated that states may not exclude a child with convergence insufficiency, for example, from meeting IDEA’s definition of “visual impairment including blindness” if that condition, even with correction, adversely affects that child’s educational performance (for instance, the child’s ability to read and write).

The dilemma results from the reality that the definitions of what is considered a “visual impairment” are quite varied from state to state, from age group to age group, and from one government agency or service provider to another. Some agencies serving adults still use the legal blindness definition for eligibility, while most education agencies use the broader definition found in IDEA. CVI is used in education as an eligibility criterion for visual impairment services, but that is often not the case outside of education.

The lead Practice Perspective, “Should Individuals Who Do Not Fit the Traditional Definition of *Visual Impairment* Be Excluded from Visual Impairment Services?” by Mary Morse, expands the conversation about who is served by vision professionals to other populations. She points out the potential value of providing the services of teachers of students with visual impairments, O&M specialists, and vision rehabilitation therapists to individuals with acquired and developmental prosopagnosia (“facial blindness”), who have trouble seeing the differences in people’s faces, and those with topographical agnosia, who have an inability to orient to their surroundings. Neither of these populations fit any of the traditional definitions of visual impairment that are typically used for service eligibility, yet they have many similar func-

tional problems as the students and consumers regularly served by vision professionals (for example, social interactions, communication, O&M, to name a few.). Both diagnoses are brain-based and due to neurological insult, and not caused by impairment of the visual system itself, yet the functional result is comparable to people with ocular visual impairment. The author proposes that this population of children and adults with prosopagnosia or topographical agnosia would not only benefit from, but deserve, the services of vision professionals and should be encompassed into the definition of those with CVI.

Teachers of students with visual impairments, O&M specialists, and vision rehabilitation therapists have valuable skill sets that can be of benefit to many other populations than those currently being served. As the ongoing personnel shortage continues to loom over these specialized areas of expertise, such professionals will need to determine as a group who will be eligible for their services. Are individuals on current caseloads receiving enough services from these specialized professionals? Is there time, personnel, and fiscal support for expanding who is served? Is there an ethical question as to who should receive services over someone else? Who will make these decisions at the local, state, and federal levels? This report by Mary Morse provides much for the field of visual impairment to ponder in moving forward as a profession.

Other practice offerings in this issue of *JVIB* focus on those aspects of clinical low vision evaluations that are not measurable and propose the use of more vivid audio descriptions for films that are more artistic in nature. I hope you enjoy reading this diverse group of practice materials and that they provide you with new things to reflect upon for your practice.

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Should Individuals Who Do Not Fit the Definition of Visual Impairment Be Excluded from Visual Impairment Services?

Mary T. Morse

Cerebral or cortical visual impairment (herein referred to as CVI) is not the unknown condition it was 50 years ago. Although research had been conducted and papers published, it was not until the 1980s that it really became an issue of concern and much debate for educators. This interest was primarily

sparked by the increasing numbers of children who had been diagnosed with the condition and the prolific efforts of many medical and nonmedical individuals and institutions. During that time, wide variations were discovered among individuals with CVI. Most had difficulty with or the inability to visually recognize objects in general or certain categories of objects such as animals or automobiles, to manage heavy sensory-motor demands, or to use two-dimensional visual representations (Morse, 1999).

Today, more information and training regarding this brain-based visual disability is available through university courses, in-service training sessions, and publications. And more teachers of visually impaired students are providing services to those with CVI. Indeed, many professionals in the field of visual impairment concentrate on providing services to this population and primarily perceive CVI as a condition associated with observable behaviors characteristic of severe neurological insult.

There are, however, many infants, school-age children, and adults with CVI who have not received as much consideration, a population that most professionals are ill-prepared to understand and serve. These unrecognized groups involve people who have typical or near-typical visual acuity but may not have been identified as having CVI or, indeed, as having a visual disability at all; persons who have been identified as having CVI but who also have a range of “hidden disabilities” that may go undiagnosed; or individuals who have some form of CVI-related agnosia as, for example, facial agnosia, prosopagnosia, topographical agnosia, or simultanagnosia (Dutton, 2015). These agnosias typically do not fall within the defined definition of visual impairments. Perhaps a question might be asked: Depending on the effect on functional life skills, should persons with these conditions automatically be excluded from the expertise that professionals in the field of visual impairment may be able to offer even though these

I give many thanks to all the children who gave me new roads to explore and to the various team members from whom I have learned so much.